

TLA DEPARTURE CLAIM **19 AUG 2004**

MEMBER INFORMATION

| | |
|--|---------------------|
| Name: _____ | SSN: _____ |
| Paygrade: _____ | Phone Number: _____ |
| Command: _____ | UIC: _____ |
| Dependent Names/Ages of Children _____ _____ _____ | |
| Member's Departure Date: _____ Family Members' Departure Date: _____ TLA Entitlement Dates: _____ to _____. Requests for more than 3 days for members departing government quarters or six days if departing economy housing requires a TLA extension request routed through Housing and member's Commanding Officer. | |

TLF INFORMATION

| | |
|-------------|----------------------------|
| Name: _____ | Kitchen Facilities: Yes/No |
|-------------|----------------------------|

MEMBER CERTIFICATION

| | |
|---|---------------------|
| I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE: _____ | Signature/Rank/Date |
|---|---------------------|

HOUSING OFFICE

| | | |
|--|------|------------|
| TLA is/is not recommended from _____ through _____ | | |
| Housing Termination Date: _____ | | |
| Remarks: _____ | | |
| Housing Representative Signature | Date | Phone Ext. |

BEQ OFFICE (Unaccompanied E4 and below only)

| | | | |
|---|-----------|------|------------|
| Transient Government quarters are/are not available. | | | |
| BEQ Representative Signature | Name/Rank | Date | Phone Ext. |
| NOTE: THERE IS NO ENTITLEMENT TO TLA IF TRANSIENT QUARTERS ARE AVAILABLE | | | |

COMMAND ENDORSEMENT

| | | | |
|---|-----------|------|------------|
| Temporary Lodging Allowance is authorized for the number of days shown and is necessary to offset the expense incurred by the required use of temporary lodging facilities. | | | |
| Command TLA Coordinator Signature | Name/Rank | Date | Phone Ext. |